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APPLICANTS

Lynetta J. Freeman, West Chester, OH;
 Susan Roweton, Raleigh, NC;
 Ben Walthall, Whitehouse Station, NJ; Kien T. Nguyen, Doylestown, PA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> met after Allowance	EXAMINER'S SIGNATURE	INITIALS		
Verified and Acknowledged				

ADDRESS

26874
 FROST BROWN TODD, LLC
 2200 PNC CENTER
 201 E. FIFTH STREET
 CINCINNATI, OH
 45202

TITLE

Collagen matrix for soft tissue augmentation

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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